

Case Number:	CM15-0107620		
Date Assigned:	06/12/2015	Date of Injury:	11/02/2012
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39 year old male with an industrial injury dated 11/02/2012. The injured worker's diagnoses include right carpal tunnel syndrome and major depressive disorder. Comorbid conditions included diabetes and obesity (BMI 35.5). Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 05/11/2015, the injured worker presented for regular psychiatric follow-up visit. The treating physician noted that the injured worker was doing fairly well regarding depression and the injured worker's sleep was still a problem. The treating physician also noted that the injured worker had not been given Trazadone and that he has daytime naps. Documentation noted that the injured worker had feelings of hopelessness about future and that his energy and concentration was still poor. The treating physician prescribed Nuvigil 50mg #30 for daytime sleepiness and lack of energy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nuvigil 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 04/30/15) - Online Version.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 15 Stress Related Conditions Page(s): Chp 2 pg 25-6; Chp 15 pg 389, 393. Decision based on Non-MTUS Citation Morgenthaler TI; Kapur VK; Brown TM; Swick TJ; Alessi C; Au- rora RN; Boehlecke B; Chesson AL; Friedman L; Maganti R; Owens J; Pancer J; Zak R; Standards of Practice Committee of the AASM. Practice parameters for the treatment of narcolepsy and other hypersomnias of central origin. SLEEP 2007;30(12):1705-1711.

Decision rationale: Nuvigil (armodafinil) is a wakefulness-promoting agent used to treat excessive sleepiness caused by sleep apnea, narcolepsy, or shift work sleep disorder. Treatment of excessive sleepiness or hypersomnolence is directed by knowledge of the cause. Before assuming a secondary cause, such as medication side effects, primary causes should be assessed. The MTUS does not address this issue but the ACOEM guidelines note that psychological disease as well as stress can interfere with normal sleep. Indications for use of this agent in this patient is unclear as formal evaluation for a sleep disorder or other primary or secondary causes of hypersomnolence has not been accomplished and thus medical necessity has not been established.